

HIV NON-NAME CODE REPORTING IN CALIFORNIA

HIV QUARTERLY UPDATE – JUNE 2003

HIV Reporting Non-Name Code Regulations

California's regulations for reporting HIV infection by Non-Name Code became effective July 1, 2002. The HIV reporting regulations are published in the California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 1, Article 3.5, Sections 2641.5–2643.2. These regulations are also accessible via the Department of Health Services, Office of AIDS (OA) web site at <http://www.dhs.ca.gov/AIDS>.

Implementation Progress

On June 30, 2003, the State of California completed its first year of HIV reporting by non-name code. The availability of HIV data will allow California to track the HIV epidemic and make better use of funding to provide education and prevention efforts, and to provide care, treatment and services. During the first three quarters of that year, we provided a monthly update of activities related to the HIV Reporting System. This document is the first in a series of updates that OA will provide synthesizing information and events on a quarterly basis. For the first year of HIV reporting, local health departments (LHD) have reported 20,943 HIV cases to the state. These cases, reported as of June 30, 2003, represent approximately 35 percent of the estimated 60,000 HIV cases which are expected to be eventually reported. There are another estimated 20,000 HIV cases that will either test at anonymous testing sites throughout California or choose not to get tested. Case reports have been received from all but four of the local health departments, and while many of the smaller health departments are caught up with the reporting process, midsize and large counties still have significant backlogs of tests to be investigated and cases to be reported. State and local surveillance staff continue to be involved in the training and reporting process with individual providers and major laboratories, and have worked diligently to make the resulting database as accurate as possible.

During the last quarter of the fiscal year (April – June 2003), LHDs reported 5,965 new HIV cases to the state. Of these, 21 were pediatric cases; females accounted for 779 (13.1%) of adult cases, and of those cases, 45.1% were infected heterosexually, 20.7% by injection drug use, and 32.1% did not know how they were infected. Of the adult males, 71.5% were infected by male-to-male sex, and 12.4% did not know how they were infected.

{Current research suggests that a significant proportion of people in the United States with HIV, do not know their infection status. Of the 850,000 to 950,000 people estimated to be living with HIV/AIDS in the U.S., it is estimated that 180,000 to 280,000, or up to a third, do not know they are infected (Fleming P et al. HIV Prevalence in the United States, 2000, 9th conference on retroviruses and opportunistic infections, abstract #11, oral abstract session 5, 2002). Knowledge of one's HIV status appears to be particularly low in some populations. For example, a recent study in 6 major U.S. cities found that more than three-fourths (77%) of young gay and bisexual men infected with HIV, ages 15-29, including 91% of African-Americans, did not know they were HIV-positive (MacKellar D et al. Unrecognized HIV infection, risk behavior, and misperception of risk among young MSM – 6 U.S. cities, 1994-2000, Abstract MoPeC4327, XIV International AIDS Conference, 2002).}

ETR Associates Training for HIV Reporting

ETR conducted 100 trainings for 706 health care providers and 128 laboratory staff in 37 health jurisdictions, and carried out on-site technical assistance visits/trainings at providers' offices and laboratories in 15 health jurisdictions. Additionally, ETR offers an accredited online training accessible through the OA website and has begun to update the online training to be a dynamic, interactive and user-friendly tool for persons who access the internet for training.

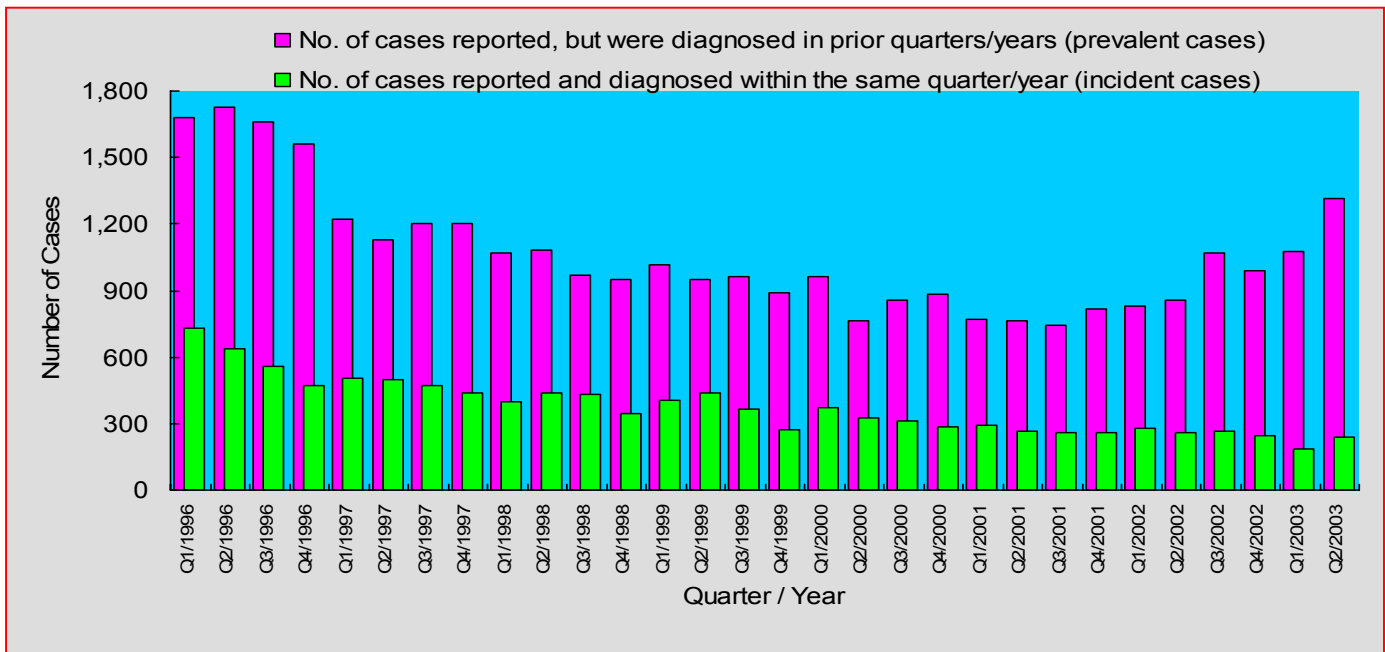
During the first 12 months of HIV reporting, ETR distributed over 2,000 copies of the HIV Reporting by Non-Name Code curricula to health care providers, laboratories, state and local health departments, and developed a patient information sheet about HIV reporting in English and Spanish. A second edition of the curriculum was distributed and used in trainings in January 2003. ETR mailed over 1,000 copies of the health care provider Informational Packet that describes HIV reporting responsibilities and offers tools for reporting cases to the local health department. Approximately 119,000 copies of the training brochure that lists and describes all training options provided by ETR were distributed to health care providers, laboratories and local health departments. Training schedules are also posted on DHS/OA and some LHD websites. In addition, ETR is conducting technical assistance sessions for large providers to help facilitate the reporting process for them.

For information on training or copies of the curriculum please call Christina Alvarez at (831) 438-4080, extension 173, or e-mail your request to: christinaa@etr.org. Please be sure to note the quantity of curricula you need.

Impact of HIV Surveillance on AIDS Case Reporting

The State HIV/AIDS Case Registry continues to observe significant increases in the number of reported AIDS cases since our last report of the phenomenon in November 2002. Since HIV reporting became effective on July 1, 2002, a total of 5,449 AIDS cases have been reported by June 30, 2003, showing an increase of 26.5% when compared to the 4,306 AIDS cases reported between July 1, 2001 and June 30, 2002. The following figure illustrates trends in the reporting of prevalent and incident AIDS cases in California since 1996.

**Figure. Trends in the reporting of prevalent and incident AIDS case
California, January 1, 1996 – June 30, 2003**



The marked increase in the number of reported AIDS cases since the third quarter of 2002 is explained by the increase in the number of reported prevalent AIDS cases, as the reporting of incident AIDS cases has been declining since 1996. Therefore, the implementation of HIV reporting has clearly enhanced AIDS case reporting in California.